

NEVADA GAMING COMMISSION  
ANNUAL LICENSE FEE REPORT  
for the issuance or renewal of a  
Pari-Mutuel System Operator License

This report, together with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed PRIOR to the issuance of a new license; PRIOR to the commencement of operations; and ON or BEFORE December 31 for the ensuing calendar year.

Account No., Name, Address, Zip Code

Please correct if in error

For Office Use Only

Check  
Number \_\_\_\_\_

Batch  
Number \_\_\_\_\_

Entry  
Date \_\_\_\_\_

### INSTRUCTIONS

- A. This form is for the use of pari-mutuel system operator only.
- B. All licenses shall be issued for the calendar year beginning January 1 and **(expiring December 31)**, and regardless of the date of application or date of issuance of the license, the fees to be charged and collected under the provisions of NRS 464.015 shall be those fees fixed as an annual license fee for an operator of a system.
- C. For the issuance or renewal of a pari-mutuel system operator license the commission shall charge and collect from each applicant -- \$500.

### PLEASE COMPLETE THE FOLLOWING:

1. Application for the issuance or renewal of a pari-mutuel system operator's license (\$500) . . . . . \$ \_\_\_\_\_
2. Penalty for Late Payment (\$125) NRS 463.270(5) . . . . . \_\_\_\_\_
3. REMITTANCE DUE (Total of Line 1 and Line 2 above) . . . . . \$ \_\_\_\_\_

**Please make remittance payable to the Nevada Gaming Commission and return to  
State Gaming Control Board, Tax and License Division, P.O. Box 8004, Carson City, NV 89702-8004**

I, \_\_\_\_\_, certify and declare under the penalties of perjury that I am the  
\_\_\_\_\_ of the business named above; that this is a true, correct and complete report  
(Owner, Partner, President, Treasurer, Other - describe)  
to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and  
consent of all other individuals licensed.

Dated \_\_\_\_\_

Signed \_\_\_\_\_

Person to contact regarding this report:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS**